

**New Jersey State Department of Personnel
Office of Intergovernmental Services
P.O. Box 309, Trenton, New Jersey 08625**

INTERGOVERNMENTAL TRANSFER AGREEMENT

All rules, regulations, policies and procedures effective at the date on which this agreement is signed apply.

This document is a consensual, voluntary transfer agreement by the sending agency, the receiving agency, and the employee and contains the conditions by which:

_____,
Transferee Name Transferee Present Permanent Title

will transfer from _____ to _____
Sending Agency Receiving Agency

TRANSFeree AGREEMENT

Signature of Employee

Social Security Number

Date

Providing your social security number is voluntary. It will be used only to keep records for this program,
which is established by N.J.A.C. 4A:4-7.1A.

**SENDING AGENCY AGREEMENT
(TO BE COMPLETED ONLY BY THE APPOINTING AUTHORITY)**

Seniority: Intergovernmentally Transferred employees shall retain accumulated seniority, except for those in the Municipal Police and Municipal Firefighter titles. **Calculate Transferee's Seniority:**

_____/_____/_____
Years Months Days

Sick Leave: Leave balance will be carried forward by the transferee, except those in the Municipal Police and Municipal Firefighter titles.

Vacation: Leave balances will not be carried forward by the transferee. The transferee will be paid, on a pro-rated basis, for vacation time earned prior to the transfer.

Agency (Please Print):

STATE OR LOCAL JURISDICTION NAME

ADDRESS

()
TELEPHONE

This transfer has been: ☐ **Approved** **Termination Date:** _____

Appointing Authority (Please Print):

Authorized AA Name

Title

Signature of Approval

Date

RECEIVING AGENCY AGREEMENT

(TO BE COMPLETED ONLY BY THE APPOINTING AUTHORITY)

Transferee Information:

1. Seniority: Intergovernmentally Transferred employees shall retain accumulated seniority, except for those in the Municipal Police and Municipal Firefighters titles.
2. Sick Leave: Leave balance will be carried forward by the transferee, except those in the Municipal Police and Municipal Firefighter titles.
3. Vacation: Leave balances will not be carried forward by the transferee. The transferee will be paid, on a pro-rated basis, for vacation time earned prior to the transfer.
4. Administrative, personal, or other leave time will not be carried forward with the transferee.
5. Continuation of payments into the New Jersey Department of the Treasury, Division of Pensions and Benefits Retirement System, without interruption, is mandatory.
6. The transferee will receive a health benefits package pursuant to the jurisdiction policy.
7. The affected union has been informed of this transfer by the receiving jurisdiction.
8. The requested title is: _____; to be compensated at \$ _____ annually.
9. If a residency code exists, a waiver of residency requirements has been approved for this transferee.

Agency (Please Print):

STATE OR LOCAL JURISDICTION NAME

ADDRESS

(_____)____
TELEPHONE

This transfer has been: ☐ **Approved** **Effective Date:**_____

Appointing Authority (Please Print):**Authorized AA Name**

Title

Signature of Approval

Date _____

PLEASE DO NOT WRITE BELOW IN THIS BOX

**NEW JERSEY DEPARTMENT OF PERSONNEL AUTHORIZATION
OF INTERGOVERNMENTAL TRANSFER**

1. This individual, having met all the conditions for an Intergovernmental Transfer, is granted a title change to _____ from title code _____ to title code _____.
2. The appointment type for this Intergovernmental Transfer is: _____
3. A Working Test Period (WTP): ☐ WILL ☐ WILL NOT be necessary.

This transfer has been: ☐ **APPROVED** ☐ **DISAPPROVED** **DATE:** / /

Comment(s) _____

Authorized Signature

Title

Date _____